RECEIVED **CENTRAL FAX CENTER**

DEC 3 0 2004

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being faceimile trensmitted to the Patern and Tredemant Office at 703-872-8606 on the date below:

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Jeffrey L. Young and Stuart V. Holsten

Group Art Unit: 3679

Serial No.: 10/772,977

Examiner: Hewitt

Filed: February 5, 2004

Arry. Dkt. No.: 021840.148US

For: Hose Connection Adapter

Confirmation No.: 5187

RESPONSE TO OFFICE ACTION MAILED JUNE 30, 2004

MAIL STOP AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This paper is submitted as a response to the office action dated June 30, 2004 ("the office action"). Reconsideration of the application is respectfully requested. The Commissioner is authorized to deduct the required extension fee, and any other fees necessary for any reason relating to this paper under 37 C.F.R. §§1.16 to 1.21 from Locke Liddell & Sapp LLP Deposit Account No. 12-1322/021840.148US.

01/07/2005 DJONES1 00000004 121322 10772977

01 FC:1253

1020.00 DA

02 FC:1201

600.00 DA

Effective October 1, 2003 /0/772 97;												177
		CLAIMS A	- PART n 1)				SMALL E	ENTITY	OF		THAN ENTITY	
TOTAL CLAIMS								RATE	FEE	٦	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OB	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			minus 20=		•			XS 9=	 	1	XS18=	
INDEPENDENT CLAIMS			/ minus 3 =		•		- }		 	OR		
м	JLTIPLE DEPE	NDENT CLAIM P	<u> </u>				┢	X43=		OR	X86=	
<u> </u>							- 1	+145=	1	OR	+290=	
• If the difference in column 1 is less than zero, enter "0" in column 2							_	TOTAL		OR	TOTAL	no
CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1) (Column CLAIMS HIGHE			(Column 3)	_	SMALL	ENTITY	OR	SMALL		
MENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 25	Minus	- 3	0	= 0.		XS 9=	.	OR	XS18=	- Ð-
AME	Independent	b	Minus	<u> 3</u>) 	- 3	Γ	X43=		OR	X86=	600 DO
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=	<i>p</i>
Carlotte De								TOTAL		OR	TOTAL	100 Q
(Column 1) (Column 2) (Column 3)								DDIT. FEE		OR ,	ADDIT. FEE	100 V
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus			=	T	X\$ 9=		OR	X\$18=	
	Incependent	•	Minus	***		=	┢	X43=		OR	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (Column 1) (Column 2) (Column 3)							+145=		OR	+290=	
								TOTAL		C L	TOTAL	
								DIT. FEE		3 - · · · <i>p</i>	ADDIT. FEE	
2		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	** '		E		X\$ 9=		OR	X\$18=	1 6-6-
	Independent	•	Minus	222 ·		2	-			l		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86=	
• 99	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
1	** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20." **If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT, FEE	
1	he "Highest Num	ber Previously Paid	For (Total or	Independen	t) is the	highest number	tound	in the app	ropriate box			1

Application or Docket Number